

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name City of Dana Point Division, Department, or Region (if applicable) Street Address 33282 Golden Lantern Designated Agency Contact (Name, Title) Kathy Ward, City Clerk Area Code/Phone Number E-mail 949-248-3505 kward@danapoint.org		<div style="border: 1px solid black; padding: 5px;"> Date Stamp <div style="font-size: 2em; font-weight: bold; text-align: center;">RECEIVED</div> <div style="text-align: center;">2012 FEB 29 P 5:47</div> <div style="text-align: center; font-weight: bold;">CITY OF DANA POINT</div> </div> <div style="border: 1px solid black; padding: 5px;"> California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>2-29-12</u> <small>(month, day, year)</small> </div>
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2. Function, Event, or Ceremonial Role Information

Title District 2 VFW Annual Banquet Face Value of Each Admission \$ 40.00

Description District 2 VFW Annual Banquet Date(s) 2 / 11 / 12

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: District 2 Veterans of Foreign Wars
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☒ If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Anderson, Lara	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose...see continuation sheet	Income <input type="checkbox"/>
Brough, William	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Public Purpose...see continuation sheet	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Certification: _____ Certifications 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,
 _____ Kathy Ward City Clerk 2-29-12
Print Name Title (month, day, year)

Comments: (Use this space or an attachment for any additional information including amendment explanation.)